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Bib Data Sheet

CONFIRMATION NO. 4658

<b>SERIAL NUMBER</b> 09/815,313	<b>FILING DATE</b> 03/22/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> <del>2161</del> 3627	<b>ATTORNEY DOCKET NO.</b> END9 0175 US1	
<b>APPLICANTS</b> Thomas Alexander Aber, Endicott, NY; Patricia Ann Chauncey, Endicott, NY; Susan Bumgardner Cirulli, Endicott, NY; Glenn Paul Modrak, Conklin, NY; William Montgomery Sjostrom, Rome, PA; Sherry Lee Wilson, Conklin, NY;					
<b>** CONTINUING DATA *****</b> none CB					
<b>** FOREIGN APPLICATIONS *****</b> none CB					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/30/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Chris Buchanan</i> CB Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> <del>16</del> 17	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Shelley M. Beckstrand, P.C. 314 Main Street Owego, NY 13827					
<b>TITLE</b> System and method for invoice imaging through negative confirmation process					
<b>FILING FEE RECEIVED</b> 870	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		